

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1943 18

State File No. 36382

Registrar's No. 10614

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 310 Walton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Arthur C. Garrett

3. (b) If veteran, ☒ name war _____ 3. (c) Social Security 491-14-4101

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Married

7. (b) Name of husband or wife Lillian M. 8. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 26 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 6 If less than one day _____ min.

9. Birthplace Mendota Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Linotype Operator

11. Industry or business Post Dispatch

12. Name Carey B. Garrett

13. Birthplace St. Louis (City, town, or county) (State or foreign country)

14. Maiden name Frances Fowler (State or foreign country)

15. Birthplace Mendota Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian M. Garrett

(b) Address 510 Walton Ave.

17. (a) Removal (b) Date thereof 12-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Houston City

18. (a) Signature of funeral director Chas. F. Smith

(b) Address 1225 Marion Blvd.

19. (a) DEC 9 1943 (b) J. J. Bussick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 510 Walton Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1943 hour 3:45 minute 17 P.M.

21. I hereby certify that I attended the deceased from _____ 1943 to Dec 1 1943
that I last saw him alive on Dec 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 5 days

Due to 92

Due to Chronic Hypertension ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Thieme (M. D. or other)

Address 315 University Blvd. Date signed Dec 2 1943

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

University of
Clark College

104-11-111
104-11-111
104-11-111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Bernard J. Stearns

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.